

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101/57224

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5	1					
6	1					
7		2				
8		2				
9		2				
10		2				
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25		2				
26	1					
27	1					
28		1				
29		3				
30		2				
31		2				
32		2				
33		2				
34		2				
35			1			
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	4	←		←
TOTAL CLAIMS			6			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						